



# Department of Public Health and Human Services

Public Health & Safety Division ♦ Family & Community Health Bureau ♦ 1400 East Broadway Rm A116 ♦  
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Steve Bullock, Governor

Richard H. Opper, Director

## DPHHS Genetics Laboratory Testing Financial Assistance Guidelines

### **Purpose of these Guidelines:**

These guidelines will be used to allocate financial assistance to Montana residents who have out of pocket expenses related to clinical genetic laboratory testing. Applications for assistance shall meet established criteria for reimbursement of laboratory testing that *demonstrates a clinical benefit to the patient*.

### **Description:**

Genetic tests, like other laboratory services, provide diagnostic information to inform clinical treatment decisions. In the case of heritable conditions, test results may also provide important information for family members. In some cases, family members may need to be tested. Because of the complexities of genetic testing, genetic counseling is required to ensure patients are adequately informed before making testing decisions, as well as after the results are available.

### **Medical requirements:**

Children's Special Health Services (CSHS) will review the application for genetic laboratory services. The following information must be specific to the applicant, documented, and submitted with the application, in order for an application to be considered:

- Pre- and post-test genetic counseling will be provided;
- The requested laboratory test is to provide clinical benefit (the course of treatment may change) to the patient;
- Current signs or symptoms, or a family history suggest a genetic condition;
- Genetic testing is recommended in place of, in order to confirm or rule out, a clinical diagnosis;
- The requested test is not considered experimental or investigational;
- The patient was last seen within six months (include current medical records and physician notes to verify the confirmed or suspected medical condition for which testing is being planned);
- The requested test is performed by a CLIA-certified laboratory.

### **Funding:**

Genetic Testing Financial Assistance funds are to be used when the patient:

- Has been denied reimbursement for the requested service by their health care coverage or has no health care coverage.
- Has no other resource to cover the requested service.

The funds are limited and unlikely to meet the needs of all cases that qualify for this assistance. Funds will be awarded for qualified requests on a first-come-first awarded basis. Financial assistance will not be available when program funds are depleted. The program operates on a state fiscal year budget cycle.

No single award for assistance shall exceed \$10,000.00.

**Application:**

The application process is initiated when a provider or patient submits an application. The application must include the patient's name and must be signed by the patient (or a parent or guardian if the patient is under the age of 18) and the provider. The application must include all pertinent medical evidence as described above.

Please note:

- Financial assistance cannot be awarded prior to the signature date on the application;
- A decision cannot be made if the application is withdrawn or is incomplete;
- Patients may submit multiple applications.

The application for financial assistance is available on the Children's Special Health Services (CSHS) website [www.cshs.mt.gov](http://www.cshs.mt.gov) or can be mailed upon request by calling (800) 762-9891 or (406) 444-3622. Completed application can be mailed to Children's Special Health Services, PO Box 202951, Helena, MT 59620-2951 or faxed to (406) 444-2750.